

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09492763	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	1						54						
5	1						55						
6	1						56						
7	1						57						
8	1						58						
9	1						59						
10	1						60						
11	1						61						
12	1						62						
13	1						63						
14	1						64						
15	1						65						
16	1						66						
17	1						67						
18	1						68						
19	1						69						
20	1						70						
21	1						71						
22	1						72						
23	1						73						
24	1						74						
25	1						75						
26	1						76						
27	1						77						
28	1						78						
29	1						79						
30	1						80						
31	1						81						
32	1						82						
33	1						83						
34	1						84						
35	1						85						
36	1						86						
37	1						87						
38	1						88						
39	1						89						
40	1						90						
41	1						91						
42	1						92						
43	1						93						
44	1						94						
45	1						95						
46	1						96						
47	1						97						
48	1						98						
49	1						99						
50	1						100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	54						TOTAL DEP.						
TOTAL CLAIMS	60						TOTAL CLAIMS						